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Has empowerment lost its power?

Introduction

Empowerment is espoused as a flag-ship value of health promotion. From the bold assertions in the Ottawa Charter [1] and the Jakarta declaration [2] through to the recent commitment in Nairobi [3], the discourse of empowerment has been unwavering throughout. This short points of view paper intends to stimulate critical discussion about the continued value and use of empowerment in contemporary health promotion. Whilst empowerment has been seen as a cornerstone of health promotion practice and philosophy [4], we argue that unresolved challenges associated with the concept may inhibit the continued primacy of empowerment within the discipline. A recent evidence review of empowerment and its application to health and well-being (conducted by two of the authors and based primarily on evidence published between 2000-2010) has stimulated this assertion¹. Lengthier discussions about these issues are currently being prepared for publication; therefore, this short paper intends to focus on the definition of empowerment and, in the authors' point of view, the dilution of the concept from its original roots as a radical social movement.

Empowerment, with its origins in liberatory pedagogy, is generally viewed as an approach to enable people who lack power to become more powerful and gain some degree of control over their lives and health [5]. This suggests that empowerment approaches must operate at various levels, from focussing on both the individual through to organisations and communities [6]. This perspective was captured by Rappaport [7, p.122] who suggested that empowerment is:

“a process by which people, organizations and communities gain mastery over their affairs.”

This was further reaffirmed by Wallerstein [8, p.198] who has referred to the concept as:

“...a social-action process that promotes the participation of people, organizations and communities towards the goals of increased individual and community control, political efficacy, improved quality of life and social justice.”

Labonte [9] describes empowerment as embodying both resistance to power structures through advocacy and processes such as community organisation, as well as community building and development. Thus, it is about giving and taking power in unison. In this respect it is a zero-sum relationship and power in essence is finite. For example, resources being directed at some people can cause the displacement of power (disempowerment) from others due to competition for the same resources [10, 11].

¹ This reference has been removed for the purpose of anonymity.

In its widest and most radical sense, empowerment concerns combating oppression and injustice and is a process by which communities work together to increase the control they have over events that influence their lives and health [12]. This is reflective of health promotion as it was intended to be, albeit as an idealistic vision. In the past two decades, however, the focus within public health and health promotion has increasingly moved from the macro to the micro resulting on emphasis at the individual level. This is reflective of the broader policy environment in which neo-liberal ideology has infiltrated western politics. As McGregor [13] has noted, this increasing neoliberal focus values the individual at the expense of the group or community endeavour. This clearly offers challenges to promulgating the original tenets of achieving empowerment which advocates shared experiences of powerlessness and community mobilisation and organisation. Wise [14] believes that the underlying philosophy of empowerment involves enabling the oppressed to understand how structural processes (e.g. gender inequality, social inequalities etc.) impact upon them as individuals and concerns mobilising people to take community action [15]. This clearly echoes Frieran ideas of critical consciousness raising and assumptions of liberation and action resulting from heightened awareness. We contend, however, that the use of empowerment in this way has been at best diluted and at worst lost within health promotion. This, we would suggest, has been fuelled by the broader shift within health promotion which has increasingly focused its efforts toward a reductionist individualistic enterprise focused largely on behaviour change at an individual level, rather than a discipline that focuses on addressing social justice and wider power structures through social and structural change.

We would share the point made by Carey [16] that the word has been used with casual abandon, with many health promotion projects and interventions (seemingly regardless of their function) aiming to 'empower' the populations they are working with. The rhetoric and the reality of empowerment is, from our evidence review², quite different and does not resonate with the concept as it was used by the likes of Paulo Friere who emphasised key ideas such as critical awareness or "conscientization". There are two potential explanations for this. The first is that empowerment is now seen as a buzz word, a term that needs to be present in any programme's attempt to improve people's health regardless of its aims and purpose. Raeburn and Rootman [17, p.64], for instance claim:

"Empowerment is not a word we like all that well. It is unquestionably a (if not the) current 'buzz word' in health promotion and community development...but like all

² This reference has been removed for the purpose of anonymity.

over-used words, one can get tired of hearing it or it tends to be misused or misunderstood.”

Secondly, the political and radical overtones of empowerment have been diluted by concepts such as ‘individual’, ‘psychological’ or ‘self’ empowerment and thus reaffirming a neo-liberal ideology. Staples [18] suggests that individual empowerment concerns the way people think about themselves and also the knowledge, capacities, skills and mastery they actually possess. Whilst there is good evidence showing that empowerment interventions focussing on the individual increase participants’ psychological well-being, including self-efficacy, confidence and self-esteem [12, 19-24], individual empowerment can occur without participation in collective action or political activity. It is, therefore, essentially concerned with developing attributes which are needed for people’s personal capacity to be realised [25]. The issue for us is that individual empowerment does not consider or challenge the social determinants of people’s health [22] and in our view does not constitute full empowerment in the sense of transforming the relations of power. Individual empowerment alone has a limited impact on addressing health inequalities and may be illusory in that it does not lead to an increase in actual power or resources. In reality, empowerment simply at the individual level does little to influence social change:

“Individual empowerment is not now, and never will be, the salvation of powerless groups. To attain social equality, power relations between ‘haves,’ ‘have-a-littles,’ and ‘have-nots’ must be transformed. This requires a change in the structure of power” [18, p.36]

This is not to say that individual empowerment is unimportant, but if it remains at this level, it overlooks change in the political and social context in which people live [10].

Definitional diversity

Clearly empowerment as a concept remains central to health promotion (certainly always in principle if not always in practice), however the existence of problems with defining empowerment leave health promotion advocates unable to articulate what exactly it is [26]. Describing a vicious theory-practice circle, Cattaneo and Chapman [27, p.646] argue that:

“the lack of precise definition has made it amenable to diffuse applications, which have then exacerbated the lack of precision in its definition.”

Is empowerment now, for example, less about social and political change and more of an individual concept, perhaps reflecting the infiltration of neoliberal ideas within health promotion more broadly as already discussed? Within the field of health promotion, both practitioners and academics use the term casually and definitions abound [28]. As a result, the concept of empowerment is used in conjunction with other terms (such as community competence, capacity, cohesiveness and social capital [29]) somewhat interchangeably

which serves to confuse its meaning even further. This for many readers may not be problematic, but the authors, like other academics [30], argue that the original meaning, i.e. the focus on 'power', is somewhat lost by this conflation. As noted, empowerment is a multi-construct concept about both processes and outcomes, for individuals and for communities, further limiting definitional clarity. Furthermore, the historical development of the concept can be used to explain why there is currently no universally accepted definition of empowerment [31], as the term emerges from the convergence of several different disciplines including psychology, health education, sociology and social work.

Somewhat compounding this issue is that the discourse of empowerment within health promotion has not evolved consistently throughout the world, so it is little wonder that the term has been misrepresented so frequently within health promotion. For example, empowerment has been viewed by some as a "Eurocentric phenomenon"[32, p.40], perhaps because it was a central tenet in the original WHO European Healthy Cities programme in the late 1980s [11] and because of the burgeoning amount of academic writing on the issue from European authors. However in Africa, community development and empowerment approaches have been a key strategy for some time [33], but very little academic commentary has been provided by authors from the continent. In contrast, Anme and McCall [34] argue that empowerment is a reasonably new concept in Asian countries.

Despite these definitional difficulties, which are well recognised and discussed across a range of disciplines in which the concept is used, empowerment is still viewed positively as having a contribution to make within health promotion. Similar to health promotion itself, which has no universally accepted definition [35], empowerment remains a fuzzy concept within contemporary literature and research, drawing upon different disciplinary perspectives and understandings and being used differently around the world [32]. More clarity around defining the concept and analytical precision in usage in health promotion is thus required for current practitioners in order to facilitate the more accurate measurement of empowerment for both individuals and communities.

Concluding remarks

This paper raises a number of critical issues surrounding the concept of empowerment and its use within health promotion. The position of the authors, as reflected, is that the concept has become diluted over time. We argue that this has occurred alongside the increasing 'timidity' discourse noted in the language used over the same period of time within key WHO charters [36]. As such we note that empowerment has somewhat lost its links with its original and much more radical self as reflected in health promotion's roots in the 1970's and

1980's. Among things, this is reflected in the move towards examining empowerment at a more individual level which we argue is detrimental to the concept. The central argument of this points of view paper is therefore that, empowerment has lost (or is at risk of losing) its power. In an effort to move beyond the rhetoric associated with empowerment we seek debate and we anticipate academic dialogue around the issues raised.

References

- 1 WHO. Ottawa Charter for health promotion *Health Promotion* 1986;1:iii - v.
10.1093/heapro/1.4.405.
- 2 WHO. New players for a new era: leading health promotion into the 21st century.
Jakarta, Indonesia. Geneva: WHO, 1997.
- 3 WHO. Nairobi call to action. Geneva: WHO, 2009.
- 4 Bunton R, Macdonald G. *Health promotion. Disciplines and diversity*. London:
Routledge, 1992.
- 5 Green J, Tones K. *Health promotion. Planning and strategies*. London: Sage, 2010.
- 6 Zimmerman MA, Rappaport J. Citizen participation, perceived control and
psychological empowerment *American Journal of Community Psychology*
1988;16:725-750.
- 7 Rappaport J. Terms of empowerment/exemplars of prevention: toward a theory for
community psychology *American Journal of Community Psychology* 1987;15:121-
148.
- 8 Wallerstein N. Powerlessness, empowerment, and health: implications for health
promotion programs *American Journal of Health Promotion* 1992;6:197-205.
- 9 Labonte R. Health promotion and empowerment: reflections on professional practice
Health Education & Behavior 1994;21:253.
- 10 Riger S. What's wrong with empowerment? In: Revenson TA, D'Augelli AR, French
SE *et al.* (eds). *Quarter century of community psychology: readings from the
American journal of community psychology*. New York: Kluwer Academic/Plenum,
2002, 395-408.
- 11 Heritage Z, Dooris M. Community participation and empowerment in Healthy Cities
Health Promotion International 2009;24:45-55.
- 12 Laverack G. Improving health outcomes through community empowerment: a review
of the literature *Journal of Health, Population and Nutrition* 2006;24:113-120.
- 13 McGregor S. Neoliberalism and health care *International Journal of Consumer
Studies* 2001;25:82-89.
- 14 Wise S. Feminist ethics in practice. In: Hugman R, Smith D (eds). *Ethical issues in
social work*. London: Routledge, 1995, 104-119.

- 15 Baum F. *The new public health*. Melbourne: Oxford University Press,2003.
- 16 Carey P. Community health and empowerment. In: Kerr J (ed). *Community health promotion: challenges for practice*. London: Bailliere Tindall 2000, 27-47.
- 17 Raeburn JM, Rootman I. *People centred health promotion*. Chichester: John Wiley and Sons,1998.
- 18 Staples LH. Powerful ideas about empowerment *Administration in Social Work* 1990;14:29-42.
- 19 Gibbon M. The Health Analysis and Action Cycle: An Empowering Approach to Women's Health *Sociological Research Online* 2000;4.
- 20 Crossley ML. The 'Armistead' Project: An Exploration of Gay Men, Sexual Practices, Community Health Promotion and Issues of Empowerment *Journal of Community & Applied Social Psychology* 2001;11:111-123.
- 21 Jacobs G. Imagining the flowers, but working the rich and heavy clay: participation and empowerment in action research for health *Educational Action Research* 2006;14:569-581.
- 22 Wallerstein N. What is the Evidence on Effectiveness of Empowerment to Improve Health? *Report for the Health Evidence Network (HEN)* 2006.
- 23 Aday RH, Kehoe G. Working in Old Age: Benefits of Participation in the Senior Community Service Employment Program *Journal of Workplace Behavioral Health* 2008;23:1-2.
- 24 Fisher BJ, Gosselink CA. Enhancing the Efficacy and Empowerment of Older Adults Through Group Formation *Journal of Gerontological Social Work* 2008;51:1-2.
- 25 Tones K, Tilford S. *Health promotion. Effectiveness, efficiency and equity*. Cheltenham: Nelson Thornes,2001.
- 26 Rissel C. Empowerment: the holy grail of health promotion? *Health Promotion International* 1994;9:39-47.
- 27 Cattaneo LB, Chapman AR. The process of empowerment: a model for use in research and practice *American Psychologist* 2010;65:646-659.
- 28 Perkins DD, Zimmerman MA. Empowerment theory, research and application *American Journal of Community Psychology* 1995;23:569-579.
- 29 Laverack G, Wallerstein N. Measuring community empowerment: a fresh look at organizational domains *Health Promotion International* 2001;16:179-185.
- 30 Labonté R. Social capital and community development: practitioner emptor *Australian and New Zealand Journal of Public Health* 1999;23:430-433.
- 31 World Bank. Empowerment and poverty: a source book. Washington DC: World Bank, 2002.

- 32 MacDonald TH. *Rethinking health promotion. A global approach*. London: Routledge, 1998.
- 33 Nyamwaya D. Health promotion in Africa: strategies, players, challenges and prospects *Health Promotion International* 2003;18:85-87.
- 34 Anne T, McCall ME. Empowerment in health and community settings. In: Muto T, Nakahara T, Woo Nam E (eds). *Asian perspectives and evidence on health promotion and education*. London: Springer, 2011, 162-172.
- 35 Laverack G, Labonte R. A planning framework for community empowerment goals within health promotion *Health Policy and Planning* 2000;15:255-262.
- 36 Larsen EL, Manderson L. "A good spot": health promotion discourse, healthy cities and heterogeneity in contemporary Denmark *Health & Place* 2009;15:606-613.